



JUN 04 2002

TECH CENTER 1600/2900

13054.02200

\$1611

In re application of:

W. Edward ROBINSON, Jr.

Serial No: 09/647,270

Filed: December 21, 2000

For: NOVEL HIV INTEGRASE INHIBITORS AND HIV
THERAPY BASED ON DRUG COMBINATIONS
INCLUDING INTEGRASE INHIBITORS

Art Unit: 1617

Examiner: Russell TRAVERS

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Commissioner for Patents
Washington D.C. 20231, on
May 14, 2002

Date of Deposit
Heather B. Del Bosco

Name Heather B. Del Bosco 05/14/02
Signature Date

Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ Small entity status has been claimed. See 37 CFR § 1.27.
☐ A certified copy of ___ Patent Application No. ___ filed ___ from which priority is claimed under 35 U.S.C. § 119 is enclosed.
☐ A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.
☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	7	-	23 **	0	LG=\$18 SM=\$9 \$9	\$ 0
INDEPENDENT CLAIMS FEE	1	-	6 ***	0	LG=\$84 SM=\$42 \$42	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 140
TOTAL						\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$___ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
☐ A check in the amount of \$___ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1796, referencing docket number 13054.02200. **A copy of this sheet is enclosed.**
☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
CROSBY, HEAFEY, ROACH & May

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Date: May 14, 2002

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